

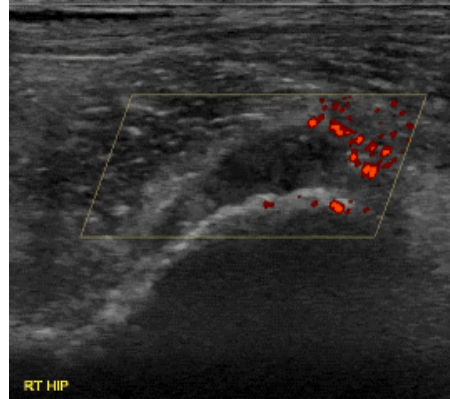
## ■ S-673 ■

### 고관절을 침범한 통풍성 관절염 1예

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통풍은 고요산혈증 및 급성 관절염의 재발을 주요 임상양상으로 하며, 요산 결정체가 관절의 활액막, 연골, 연골하골 및 관절주위조직과 피하조직에 침착하여 염증을 일으키는 질환이다. 흔히 침범되는 관절을 보면, 제1 중족지관절이 제일 많고, 그 외에 발목, 무릎, 족근골부위인 것으로 보고되었다. 국내에서도 제1 중족지관절에 제일 많이 발생하였고, 다음으로는 발목, 무릎, 팔꿈치, 손/손가락, 발의 순이었다. 고관절에 발생한 통풍에 대한 증례는 매우 드문 경우로 현재까지 소수의 증례보고가 있었다. 저자들은 고관절의 열감을 동반한 통증으로 내원한 63세 남자에서 고관절 침범한 통풍성 관절염을 초음파 검사와 관절 천자 검사를 통해 진단하였기에 문헌 고찰과 함께 보고하는 바이다



## ■ S-674 ■

### Lipoma arborescens of the knee presenting as monoarticular arthritis

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Lipoma arborescens is a rare pseudo-tumoral synovial lesion that can result in painless swelling of a joint. It almost always affects the knee and rarely involves wrist, hip, and ankle. The lesion is a benign hyperplastic process with diffuse collection of fat replacing the subsynovial layer and resulting in the formation of villous projections. This report describes a patient with lipoma arborescens presenting as monoarticular arthritis of a knee. A 33-year old woman suffered from pain and swelling of right knee for 18 months. Rheumatoid factor was negative. Monoarticular RA was suspected and she had been treated with low dose steroid, nonsteroidal anti-inflammatory drugs, methotrexate with no effect. After adding leflunomide, knee pain and swelling showed some improvement. She visited our clinic for second opinion. On complete blood cell count, white blood cell was  $8,300/\mu\text{L}$ , hemoglobin was  $13.7 \text{ g/dL}$ , platelet was  $362 \times 10^3/\mu\text{L}$ . Erythrocyte sedimentation rate was  $23 \text{ mm/hr}$  and C-reactive protein was  $0.29 \text{ mg/dL}$ . Anti-nuclear antibody, rheumatoid factor, anti-cyclic citrullinated peptide antibody were negative. Both knee X-ray was normal. Magnetic resonance images of right knee showed diffuse synovitis and acute enthesitis on distal biceps femoris, distal semi-membranosus and proximal patellar tendons without demonstrable bone erosion. Arthrocentesis suggested synovial fluid of inflammatory type (leukocytes count of  $31,000/\text{mm}^3$  with 98% polymorphonuclear cells). Arthroscopy with synovial biopsy was done and histologic exam showed lipoma arborescens. The diagnosis of lipoma arborescens should be considered as differential diagnosis, particularly in patients with chronic monoarticular arthritis.